Please lype a pluz sign (+)	Inside this box -> [9	l	
Under the Paperworl	k Reduction Act of 1995, no number.	persons	Palent and Tr	Approvéd fi ademark Óffic a a di popond	er vae 1 er: U.S. Ollecter	hrough 9/30/ DEPARTME af Mormalk	PTO/5B/0 DD. CMB (NT OF CO) Dr unless ()	1 (12 97) 521-0032 MMERCE SUNTEMA	-
/	N FOR UTILITY			ocket Nun					•
Į D	ESIGN	OR	First Name			oldi	nam		
	APPLICATION					KNOWN			_
(37 (CFR 1.63)		Application			/			-
Q Declaration	☐ Declaration		Filing Date						-
Submitted OR with Initial	Submilled after	Initial	Group Art L	Init					7
Filling	Filing (surcharg (37 CFR 1.18 (a required)	1))	Examiner N	ame ·					7
				:					/
As a below named inv	rentor, I hereby declare th	et:							ł
My residence, post offic	le address, and cilizenship	ara 86 sta	led below next !	o my namej.					
I believe I am the origina	el first and sale levels and				ain e.i. fie	al and inini ir	Namena elf m		1
		. 4 4 4 4	a guy lor with:	- patern is sol	IDDI OU	ING Prophing	ertitles:		
& Auction	d Method and	ı əys	cem roi	Cona	1651	ing a	Catt	e i	-
the specification of which	ľ	Tille of the	invention)			····]	
OR was filed on (MM/	DOWN TO THE REAL PROPERTY OF THE PERTY OF TH								
Application Number				nilad Slates A	pp#catio	n Number o	r PCT Intern	alignal	
I hareby state that I have a	aviament som more parellers		ndad on (MM/D)	3 / /////			(d apo	icable).	
	raviewed and understand the ent specifically referred to a						cisims, aş		
I acknowledge the duty to	disclose information which	is material	to patentability	as defined in :	7 CFR	1.58.			
I hersby claim foreign prior tertilicate, or 365(a) of any America, listed below and or of any PCT international	lly barrefits under 35 U.S.	C. 119(a).	(d) or 385(b) of	Sev foreidn	torilenti	DOVAN FOR DA			
America, listed below and his or of any PCT international a	i PCT international applications also identified below, by application having a filter de	lion which y checking	designated at the box. any fo	lend applicati	ntry oth	er than the ler than the	unded Slat Unded Slat Picts certif	NDF 9 OR OF CAIR	
			discorting appli	CETION ON WINK	fi grlosii	y is claimed.			
Prior Foreign Application Number(s)	Country		ign Filing Date M/DD/YYYY)	Priority Not Claim		Certified C	opy Altsch NO	967	
		1					L-1		
		}					Ö,		
		<u> </u>			_	3			
Additional foreign application in the Additional foreign application in the banafit of	tion numbers are listed on a	<u> şupplem</u>	ental priority del	a sheet PTime	8/029	allached be-	410		
I heraby claim the banefit of Application Number(3 3 3 3 1 1 1 1 1 1 1	A Augusta	POSTA DIOVISION	l applications	listed	below.	7(V.		
	5) Filing Date	= (MM/O	U/YYYY)						
l I	1		1	LL Add	ditional nbers :	l provisiona Petell ere	i applicani n a	an]	
				\$up	pleme	ntal priority	data shee	,	
	1		ľ	FI	≠1 35 10	28 attache	d herelo.		

Gurdan Hour Statement: This, form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the Office. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information ADDRESS. SEND TO: Assistant Commissioner for Palents, Weshington, CC 20231

[Page 1 of 2]

[Page 1 of 2]

Please type		plus sign (٠)	inside thu	kpd (-	\Box
-------------	--	-------------	----	------------	-------	---	--------

PTC/55/01 (12-97)

Approved for use through 9/30/00. OM8 0681-0032

Under the Paperwork Reduction Act of 1995, no persone are required to respond to a collection of information unlass it replaces a valid DME control number.

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached nereto. Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached nereto. Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached nereto. U.S. Parent Application or PCT Parent Number Parent Filing Date (If applicable) Parent Patent Numb (If applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached nereto. a ramed inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the following registered practitioner(s) name/registration number listed below Registered practitioner(s) name/registration number listed below Name Registration Number Name Registration Number Additional registered practitioner(s) name/registration number listed below Additional registered practitioner(s) name/registration number listed below Additional registered practitioner(s) name/registration number provided attached registered practitional registered practitioner information sheet PTO/SB/02C strached registered or Bar Code Label Correspondence to: Customer Number OR Additional registered practitioner(s) name/registration sheet PTO/SB/02C strached registered or Bar Code Label OR Correspondence address belone	DE	CLARATION	— Utility o	r Desi	gn Pa	tent	Ap	plica	tion
U.S. Parent Application or PCT Parent Number Parent Filing Date	hereby clai	im the banefit under 35 U.S.C. 1	20 of any United States an	olication(s), o	38815\ of	04=			
Additioner U.S. or PCT intermetional apprication numbers are inted on a subclammental priority data areset PTO/SB02B attached herito. 2 refined inventor, I hereby appoint the following regulared practitioner(s) to prosecute this application and to transact an business in the Trackman Diffice connected therewith: Customer Number Registrated practitioner(s) name(registration number listed below Name Registration Number Name Registration Number Registration Registration Number Registration Number Registration Registration Number Registration Registration Number Registration Registration Number Registration Number Registration Number Registration Number Registration Number Registration Number Registration Registration Number Registration Number Registration Regist		U.S. Parent Application	or PCT Parent	Parent	Filing Dat	•		ent Pate	nt Numbe
Trademant Office connected therewith: Customer Number	•	• • •					•	(ii appii	Cauty
Trademant Office connected therewith: Customer Number	Addition	el U.S. or PCT international appli	Cation numbers are listed o	VI a sudnieme	SISI Scientia de				
Registration Name Registration	a demed in Prademar	to Office connected therewith:	Customer Number	r(s) to prosect	ite this applica	tion and	to transa	Place C	uslomar
Additional registered practilionerial named on suppremental Registered Practitional Information sheet PTO/SB/02C stacked Personal Correspondence to: Customer Number or Bar Code Labei R1 CK R Yeager dress R1 CK R Yeager dress Augtin USA Telephone (512) 918-1237 Pax (512) 918-12 dress Augtin USA Telephone (512) 918-1237 Pax (512) 918-12 Telephone (512) 918-1237 Pax (512) 918-12 Telephone (512) 918-1237 Telephone (5			Registered practitioner()) name/regist	ration number	listed be	10m L	Label	here
Additional registered aractitioner(a) named on apporamental Registered Practitioner Information analytic PTO/SB/02C stacked Porationer and all correspondence to: Customer Number or Bar Code Label OR Carrespondence address be on Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence address be one of Bar Code Label OR Carrespondence OR Carresponden	(ak B		Number		Na.	me			
Telephone (512) 918-1237 Fax (512) 918-12; which is statements made Persion of my own knowledge are true; and further that these statements were made with the knowledge line willful false statements made in earlier to a patient or any patent issued thereon. The first inventor: Given Name (first and middle liff anyl) Gence: City Pay A Cittzenship Comespondence address be OR Carrespondence address be OR Carrespondence address be In Comespondence address be In Comespondence address be OR Carrespondence address be In Comespondence address address be In Comespondence address ad		. reayer	39,434						•
Telephone (512) 918-1237 Fax (512) 918-12; and trained to be true; and further that these statements made region of statements made region of statements made region of statements and further that these statements made with the knowledge are true and that willful false statements made in information and belief of statements and the first statements or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the of Sole or First Inventor: A petition has been filed for this unsigned inventor Given Name (first and middle [if any)	Additional	redistered precitioner(s) named	on supplemental Registers	d Pracitioner	Information at	ANI STO	WE 1000		
dress 12343 Hymaadow, Suite 3-C dress Austin State TX ZIP 78750 Intry USA Telephone (512) 918-1237 Pax (512) 918-123 ety declare that all statements made refer of my own knowledge are five and that all attements made on information and belief or the or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of its properties of the sea of the s	oct all com	respondence to: 🔲 Custo:	mer Number			_			
Austin State TX ZIP 78750 untry USA Telephone (512) 918-1237 Pax (512) 918-12. ety declare that all statements made refer of my own knowledge are inue and that all statements made on information and belief interest in the or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeoparduse the validity of its calling or any patent issued thereon. The of Sole or First Inventor: Die of Sole or First Invento	me	Rick B. Year	er						
Austin ISA Telephone (512) 918-1237 Fax (512) 918-12. Telephone (512) 918-1237 Fax (51	dress	12343 Hymead	low. Suite 1	-C					
untry USA Telephone (512) 918-1237 Pax (512) 918-12: ety declare that all statements made herein of my own knowledge are true and that all statements made on information and belief and turker that these statements were made with the knowledge that willful false statements and the like so made a callon or any patent lasued thereon. The of Sole or First Inventor: Given Name (first and middle lif any)) Family Name or Sumame Ground A. Citizenship Y. Office Address Chica Address Confice Add	dress								
etyl declare that all statements made Perein of my own knowledge are true and that all statements made on information and belief a ved to be true; and further that these statements were made with the knowledge that willful false statements and the like so made a cation or any patent issued thereon. The of Sole or First Inventor: A petition has been filed for this unsigned inventor given Name (first and middle lif anyl) Family Name or Sumame (A.) UT + Ney A. Old ham The properties of the vertical statements of the vertical s	<u> </u>	Austin		81					
edy declare that all statements made herein of my own knowledge are true and that all statements made on information and belief well to be true; and further that these statements were made with the knowledge that willful false statements and the like so made a cation or any patent issued thereon. The of Sole or First Inventor: The of Sole or Firs	intry_		Telephone (51				_		0 1036
Given Name (first and middle ilif any)) Earnity Name or Sumame Court they A. Cld ham Store Court Bryan O State TX Country USA Chilgenship Y Chilgenship Y Chilgenship Address Chilgenship State Childenship State Ch	eby declar red to be s hable by fi tation or an	e that all statements made here true; and funker that these stating or imprisonment, or both, usy patent issued thereon.	tin of my own knowledge	are inve and	hat all statem	4112 000	#0 an in	la constitución	
dence: City Bryan O state TX Country USA Citizenship Y Office Address Bryan Fark Stone Circle Office Address Bryan Fark Stone Circle				A petition	on has been	filed for	ifils un	signed inv	entor
dence: City Bryan O State TX Country USA Citizenship X Office Address Bryan Fark Stone Circle Bryan State TX Country USA	Gly		Family Name or Surname						
office Address 4603 Park Stone Circle Brian Stone TV 7500		77							
Office Address 41003 Park Stone Circle Brum out Ty	Sture	Courney	a Waha	m				Date	1/21/
Office Address 4603 Park Stone Circle Office Address Brian Sun Ty	dence: Cl	· Bryan O	1 [ļ	USA			llizenshin	V
Brian on TV Trees			ark Stone	Circ	,				
Brian State TX ZIP 77802 Courter 1254	Office Add								
		Bullin	下/	77:					

[Page 2 of 2]